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Assessment of two designs for an Oral surgery Postoperative Leaflet

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ABSTRACT

Around the world it is considered good practice to provide patients with a postoperative instruction and advice leaflet following tooth extractions. It has never been reported whether the design or the content is effective or helpful for a patient's recovery. ***Aim:*** *To assess the opinions of patients about two postoperative instructions leaflets with similar content but different designs.* ***Materials and Method:*** *A questionnaire was administered to 32 patients who had recently undergone oral surgery. The questionnaire asked patients about their satisfaction with the information and their overall opinion of two postoperative leaflet designs (a conventional and a daily planner design).* ***Results:*** *53% of the patients preferred the daily planner design and 6.3% preferred the conventional model. 60% of the patients recommended the daily-planner leaflet for future patients.* ***Conclusion:*** *The results of this study suggest that patients find postoperative instructions leaflets to be helpful because they can help to guide patient to follow instructions after surgery. The daily planner was preferred because it was easy to review every day during recovery.*

Keywords: *oral surgery - postoperative instructions - leaflet - procedures*

Estudio comparativo aleatorizado de dos diseños de folletos postoperatorios de cirugía oral

RESUMEN

Alrededor del mundo es una buena práctica proporcionar a los pacientes un panfleto o folleto con instrucciones y consejos postoperatorios después de una cirugía bucal. Hasta la fecha no hay reporte sobre si el diseño o el contenido es efectivo o ayudó a los pacientes en su recuperación. ***Objetivo:*** *Evaluar las opiniones de los pacientes sobre dos folletos de instrucciones postoperatorias con contenido similar pero diferentes diseños.* ***Materiales y Método:*** *Se administró un cuestionario a 32 pacientes que se habían sometido recientemente a cirugía bucal. El cuestionario preguntó a los pacientes sobre su satisfacción con la información y su opinión general de cada uno de los dos diseños de folletos postoperatorios (un diseño convencional y un diseño similar a una agenda o calendario).* ***Resultados:*** *El 53% de los pacientes prefirió el diseño de agenda/calendario y el 6,3% el modelo convencional. El 60% de los pacientes recomienda usar el folleto de agenda/calendario con futuros pacientes.* ***Conclusión:*** *Los resultados de este estudio sugieren que los pacientes encuentran útiles los folletos de instrucciones postoperatorias. Ya que pueden ayudar a guiar y seguir las instrucciones después de la cirugía. El calendario/agenda fue el preferido por ellos, ya que les resultó fácil revisarlo todos los días durante la recuperación.*

Palabras clave: *cirugía oral - postoperatorio - instrucciones - prospecto - procedimientos*

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INTRODUCTION

The second principle in the latest review of the British General Dental Council's (GDC) 9 principles for standard practice in the United Kingdom states that dentists must communicate effectively with their patients, specifying "*You need to ensure that the patients have understood the information you have given them. After minor oral surgery (MOS), it is good practice to provide patients with a leaflet/ pamphlet with instructions on how to care for their mouth during recovery*"[1].

Studies cited by Kessels and Alvira-Gonzalez report that 40 to 80% of medical information provided by healthcare practitioners is forgotten immediately. This could be the result of several factors including stress, level of education, age and the perceived importance or focus of the information provided[2,3].

Most patients prefer their own doctors to explain instructions rather than watching a pre-recorded video[2]. This explains why audiovisual alternatives such as pre-recorded videos have mixed results in patient compliance[2-4]. Communication should be consistent and effective, recognising patients' communication difficulties, using direct, specific instructions, graphics and pictographics, and avoiding professional jargon and acronyms[1-4].

Most oral surgery postoperative leaflets follow the same conventional designs which have been used from the 1940s or even as early as the 1920s in the various options produced by modern institutions and science college [5-8]. This means that for the last 80 years, the same leaflet design has been used over and over[5-8].

Motivated by the desire to increase patient compliance, reduce the risk of postoperative complications, and limit the number of patients phoning our hospital to seek clarification of or advice on the postoperative instructions, I have proposed a new leaflet based on other studies and psychological experiences.

MATERIALS AND METHOD

This was a randomised comparative study on 50 patients who had recently undergone MOS. Based on their availability, patients were randomly assigned by the booking team to a specific MOS session that would provide two post-operative instructions leaflets: a conventional leaflet and a newly designed calendar/daily planner leaflet. This was done independently of the patient's gender, age, type of procedure, type of anaesthetic (intravenous sedation or local anaesthetic) and medical history. Neither the booking team nor the staff in the surgical theatre were aware that the postoperative package included 2 different types of leaflets.

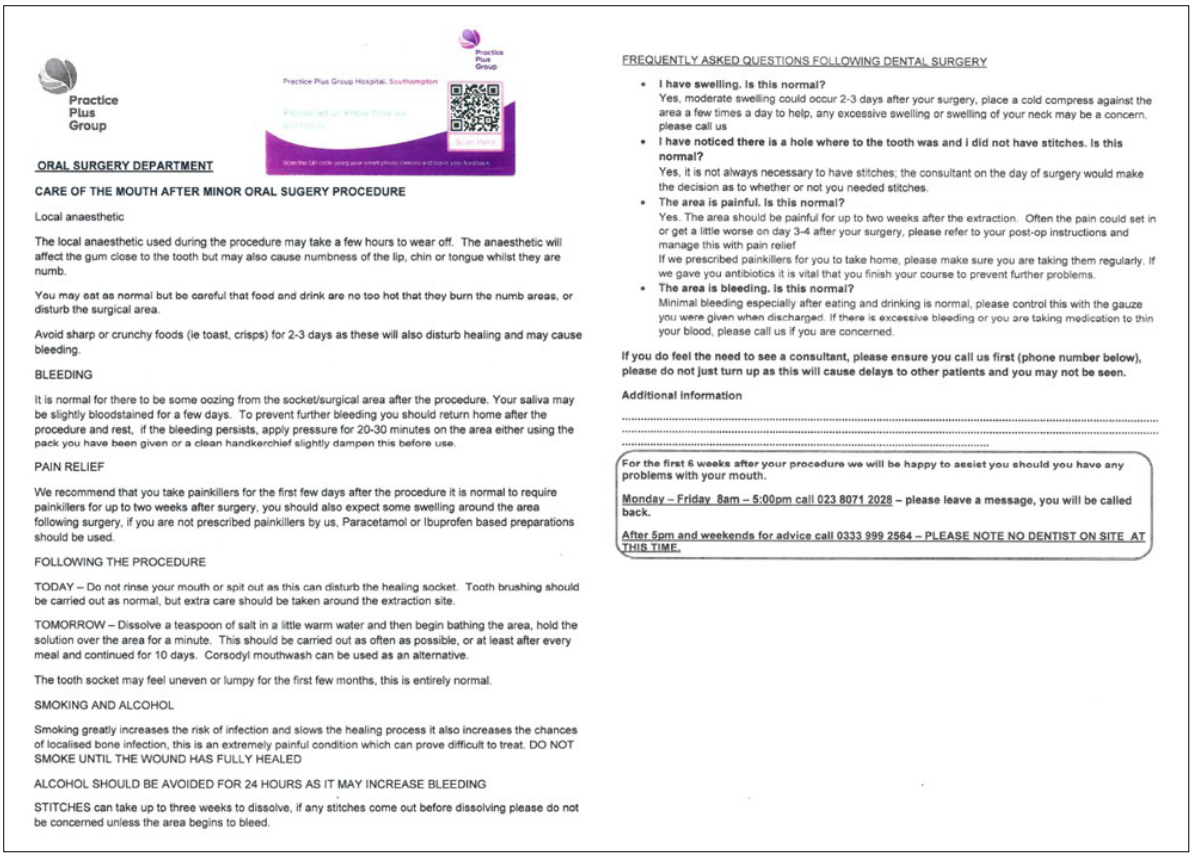
The conventional leaflet (Fig. 1) is a double-sided A4 sheet with portrait orientation containing information divided into sentences with specific instructions related to pain, swelling, bleeding, oral hygiene, diet, stitches, medication, rest, follow-up, contact instructions and a frequently asked question section for managing complications.

The calendar/daily-planner leaflet is a landscape-oriented A4 sheet folded in half like a booklet, providing four pages of content. The information is similar to that in the previous leaflet but distributed in the form of a calendar or daily planner, where instead of being divided into paragraphs, the instructions are divided by days as "dos and don'ts" during recovery, along with tips to keep in mind during each specific day or any complication that may arise (Fig. 2). The back of the leaflet shares space with the cover and provides further advice on how to deal with pain, and information on the relevance of early chewing function in relation to quality of life (Fig. 3). The models shown in Figures 1, 2 and 3 are coloured but the versions provided to the patients were in shades of grey.

Once the new leaflet model and questionnaire were approved by all Consultants and Nursing staff involved in the care of MOS patients, it was distributed to the patients along with the conventional leaflet model. Patients received both leaflets at the same time.

Two to three weeks later, a questionnaire was sent electronically to these patients so they could provide their opinion about each leaflet. The time between phases was to allow the patients to fully recover from their surgeries. The final intention of the questionnaire was to assess which leaflet made more impact and was more helpful during recovery. We did not assess information retention or compliance.

A binomial test / chi square goodness of fit was used to test whether there was significant preference for one of the leaflets. Even with a small sample, the difference was statistically significant due to the disproportionate preference for one of the leaflets.



Practice Plus Group

ORAL SURGERY DEPARTMENT

CARE OF THE MOUTH AFTER MINOR ORAL SUGERY PROCEDURE

Local anaesthetic

The local anaesthetic used during the procedure may take a few hours to wear off. The anaesthetic will affect the gum close to the tooth but may also cause numbness of the lip, chin or tongue whilst they are numb.

You may eat as normal but be careful that food and drink are no too hot that they burn the numb areas, or disturb the surgical area.

Avoid sharp or crunchy foods (ie toast, crisps) for 2-3 days as these will also disturb healing and may cause bleeding.

BLEEDING

It is normal for there to be some oozing from the socket/surgical area after the procedure. Your saliva may be slightly bloodstained for a few days. To prevent further bleeding you should return home after the procedure and rest, if the bleeding persists, apply pressure for 20-30 minutes on the area either using the pack you have been given or a clean handkerchief slightly dampen this before use.

PAIN RELIEF

We recommend that you take painkillers for the first few days after the procedure it is normal to require painkillers for up to two weeks after surgery, you should also expect some swelling around the area following surgery, if you are not prescribed painkillers by us, Paracetamol or Ibuprofen based preparations should be used.

FOLLOWING THE PROCEDURE

TODAY – Do not rinse your mouth or spit out as this can disturb the healing socket. Tooth brushing should be carried out as normal, but extra care should be taken around the extraction site.

TOMORROW – Dissolve a teaspoon of salt in a little warm water and then begin bathing the area, hold the solution over the area for a minute. This should be carried out as often as possible, or at least after every meal and continued for 10 days. Corsodyl mouthwash can be used as an alternative.

The tooth socket may feel uneven or lumpy for the first few months, this is entirely normal.

SMOKING AND ALCOHOL

Smoking greatly increases the risk of infection and slows the healing process it also increases the chances of localised bone infection, this is an extremely painful condition which can prove difficult to treat. DO NOT SMOKE UNTIL THE WOUND HAS FULLY HEALED

ALCOHOL SHOULD BE AVOIDED FOR 24 HOURS AS IT MAY INCREASE BLEEDING

STITCHES can take up to three weeks to dissolve, if any stitches come out before dissolving please do not be concerned unless the area begins to bleed.

FREQUENTLY ASKED QUESTIONS FOLLOWING DENTAL SURGERY

- **I have swelling. Is this normal?**
  Yes, moderate swelling could occur 2-3 days after your surgery, place a cold compress against the area a few times a day to help, any excessive swelling or swelling of your neck may be a concern, please call us
- **I have noticed there is a hole where to the tooth was and I did not have stitches. Is this normal?**
  Yes, it is not always necessary to have stitches; the consultant on the day of surgery would make the decision as to whether or not you needed stitches.
- **The area is painful. Is this normal?**
  Yes. The area should be painful for up to two weeks after the extraction. Often the pain could set in or get a little worse on day 3-4 after your surgery, please refer to your post-op instructions and manage this with pain relief
  If we prescribed painkillers for you to take home, please make sure you are taking them regularly. If we gave you antibiotics it is vital that you finish your course to prevent further problems.
- **The area is bleeding. Is this normal?**
  Minimal bleeding especially after eating and drinking is normal, please control this with the gauze you were given when discharged. If there is excessive bleeding or you are taking medication to thin your blood, please call us if you are concerned.

If you do feel the need to see a consultant, please ensure you call us first (phone number below), please do not just turn up as this will cause delays to other patients and you may not be seen.

Additional information

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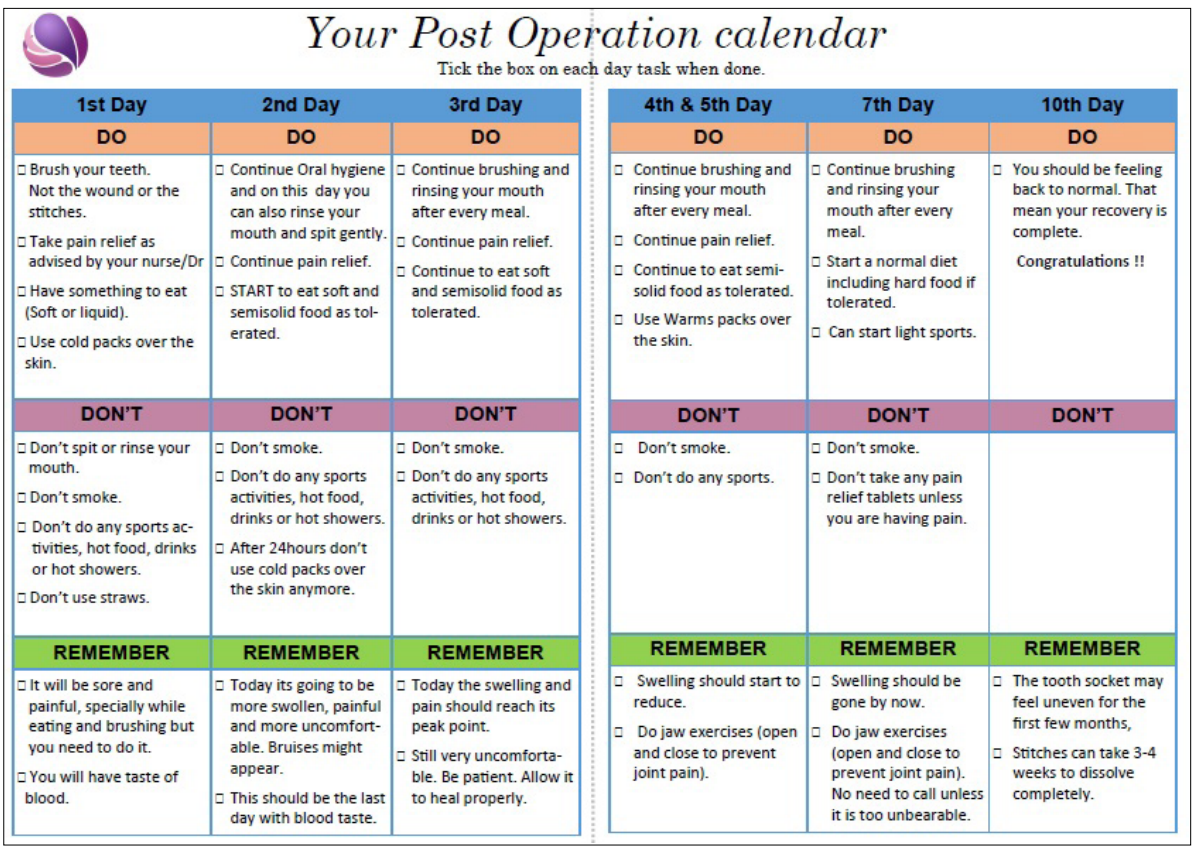
For the first 6 weeks after your procedure we will be happy to assist you should you have any problems with your mouth.

Monday – Friday 8am – 5:00pm call 023 8071 2028 – please leave a message, you will be called back.

After 5pm and weekends for advice call 0333 999 2564 – PLEASE NOTE NO DENTIST ON SITE AT THIS TIME.

Fig. 1: Front and back content of the conventional leaflet.

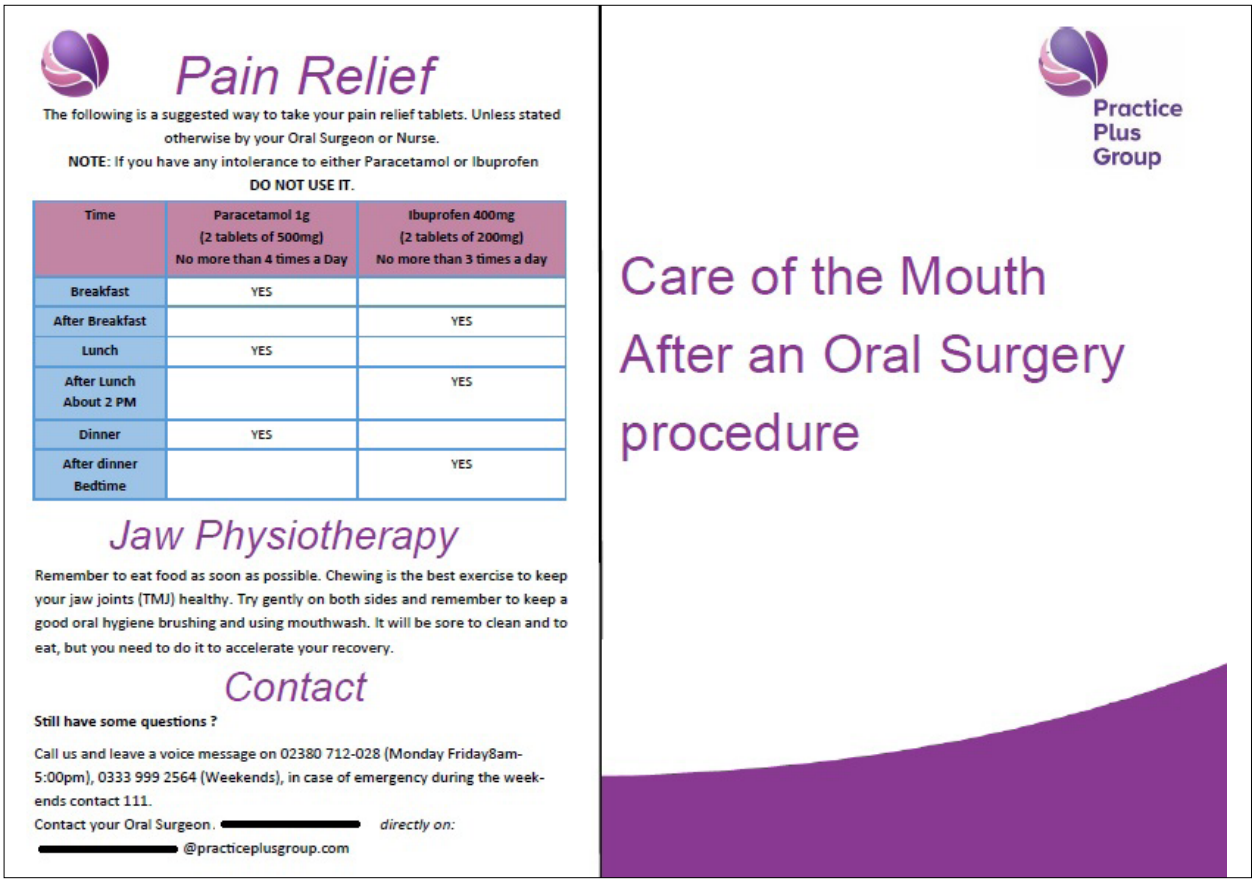


Your Post Operation calendar

Tick the box on each day task when done.

1st Day	2nd Day	3rd Day	4th & 5th Day	7th Day	10th Day
DO	**DO**	**DO**	**DO**	**DO**	**DO**
☐ Brush your teeth. Not the wound or the stitches. ☐ Take pain relief as advised by your nurse/Dr ☐ Have something to eat (Soft or liquid). ☐ Use cold packs over the skin.	☐ Continue Oral hygiene and on this day you can also rinse your mouth and spit gently. ☐ Continue pain relief. ☐ START to eat soft and semisolid food as tolerated.	☐ Continue brushing and rinsing your mouth after every meal. ☐ Continue pain relief. ☐ Continue to eat soft and semisolid food as tolerated.	☐ Continue brushing and rinsing your mouth after every meal. ☐ Continue pain relief. ☐ Continue to eat semi-solid food as tolerated. ☐ Use Warms packs over the skin.	☐ Continue brushing and rinsing your mouth after every meal. ☐ Start a normal diet including hard food if tolerated. ☐ Can start light sports.	☐ You should be feeling back to normal. That mean your recovery is complete. Congratulations !!
DON'T	**DON'T**	**DON'T**	**DON'T**	**DON'T**	**DON'T**
☐ Don't spit or rinse your mouth. ☐ Don't smoke. ☐ Don't do any sports activities, hot food, drinks or hot showers. ☐ Don't use straws.	☐ Don't smoke. ☐ Don't do any sports activities, hot food, drinks or hot showers. ☐ After 24hours don't use cold packs over the skin anymore.	☐ Don't smoke. ☐ Don't do any sports activities, hot food, drinks or hot showers.	☐ Don't smoke. ☐ Don't do any sports.	☐ Don't smoke. ☐ Don't take any pain relief tablets unless you are having pain.	
REMEMBER	**REMEMBER**	**REMEMBER**	**REMEMBER**	**REMEMBER**	**REMEMBER**
☐ It will be sore and painful, specially while eating and brushing but you need to do it. ☐ You will have taste of blood.	☐ Today its going to be more swollen, painful and more uncomfortable. Bruises might appear. ☐ This should be the last day with blood taste.	☐ Today the swelling and pain should reach its peak point. ☐ Still very uncomfortable. Be patient. Allow it to heal properly.	☐ Swelling should start to reduce. ☐ Do jaw exercises (open and close to prevent joint pain).	☐ Swelling should be gone by now. ☐ Do jaw exercises (open and close to prevent joint pain). No need to call unless it is too unbearable.	☐ The tooth socket may feel uneven for the first few months, ☐ Stitches can take 3-4 weeks to dissolve completely.

Fig. 2: Daily planner / Calendar leaflet content and design.



Pain Relief

The following is a suggested way to take your pain relief tablets. Unless stated otherwise by your Oral Surgeon or Nurse.

NOTE: If you have any intolerance to either Paracetamol or Ibuprofen **DO NOT USE IT.**

Time	Paracetamol 1g (2 tablets of 500mg) No more than 4 times a Day	Ibuprofen 400mg (2 tablets of 200mg) No more than 3 times a day
Breakfast	YES	
After Breakfast		YES
Lunch	YES	
After Lunch About 2 PM		YES
Dinner	YES	
After dinner Bedtime		YES

Jaw Physiotherapy

Remember to eat food as soon as possible. Chewing is the best exercise to keep your jaw joints (TMJ) healthy. Try gently on both sides and remember to keep a good oral hygiene brushing and using mouthwash. It will be sore to clean and to eat, but you need to do it to accelerate your recovery.

Contact

Still have some questions ?

Call us and leave a voice message on 02380 712-028 (Monday Friday8am-5:00pm), 0333 999 2564 (Weekends), in case of emergency during the week-ends contact 111.

Contact your Oral Surgeon. [redacted] *directly on:* [redacted]@practiceplusgroup.com

Practice Plus Group

Care of the Mouth After an Oral Surgery procedure

Fig. 3: Front cover and back page of the calendar leaflet.

RESULTS

Out of 50 patients who were invited to complete the questionnaire, 33 responded. The data were entered in a Microsoft Excel spreadsheet for analysis,

When asked which leaflet they found more helpful for their recovery, 54.5% (n=18) selected the calendar/daily planner leaflet, while only 6.0% (n=2) preferred the conventional leaflet. The remaining responses included 24.2% (n=8) who reported they did not read either leaflet and 15.2% (n=5) who stated both leaflets were the same (Table 1).

To assess whether the calendar leaflet was significantly preferred to the conventional design, a chi-square goodness-of-fit test was performed on the 20 patients who expressed a clear preference for either format. The test yielded $\chi^2 = 12.80$, $p < 0.001$, indicating a statistically significant preference for the calendar.

The second question of the survey was "*Did you find the answer to every problem you had during recovery in the leaflets? And in which one?*". The calendar/daily planner was the preferred answer with 42.4% (n=14), followed by "yes" on both with 24.2% (n=8), while 18.2% (n=6) felt that they did not have any problems during recovery, 9.1% (n=3) were unable to find the answer to their recovery problem in either leaflet, and only 6% (n=2) had their recovery issue resolved by the conventional leaflet only.

The following question was "*Do you think the leaflet provides enough guidance to prevent you from calling our staff to ask a question? Which one was helpful for this?*" Most of the patients reported that they did not have any problem during recovery 37.5% (n=12). Out of those who had some issues during their postoperative period, 34.4% (n=11) indicated the calendar/daily planner was their main source of answers during recovery, and only one patient (3.1%) said that they used the conventional leaflet for this. Finally, 15.6% (n=5) of the respondents said they were unable to find their answer and still had to contact the hospital for additional help. The remaining 9.3% (n=4) provided various or incomplete responses.

Table 1. Response summary of the questionnaire provided to the patients.

Questions	Answers			
1) After your surgery, you were given 2 post op instruction leaflets. One was a long set of instructions with a Frequently Asked Questions section, and the other one was like a calendar. Which one did you find more helpful for your recovery?	The Calendar/day-planner model 54.5% (n=18)	Neither 39.4% (n=13)	Conventional model 6.1% (n=2)	
2) Did you find the answer to every problem you had during recovery on the leaflets? And in which one?	Yes, in the calendar leaflet 42.4% (N=14) Yes, in the Conventional model 6.1% (n=2)	Yes, in both 24.2% (n=8)	No / Didn't have any problem 18.2% (N=6)	No, couldn't find my answer 9.1% (n=3)
3) Do you think the leaflet guided you enough to prevent you from calling to as our staff a question? Which one was helpful for this?	No, because I didn't have any problems during recovery 37.5% (n=12)	Yes, the calendar was helpful enough. 34.4% (n=11)	Neither, I still needed to call for advice. 15.6% (n= 5)	Various answers 12.5% (n=5)
4) Between the 2 post op instruction leaflets, which one would you recommend we use for future patients?	Calendar leaflet 54.5% (n=18)	Neither 21.2% (n=7)	Both 18.2% (n=6)	Conventional model 6.1% (n=2)

Finally, the patients were asked to recommend one of the two postoperative instruction leaflets for us to use with future patients. In reply, 54.5% (n=18) recommended the calendar/daily-planner, while only 6.1% (n=2) recommended the conventional design. Other answers included Neither 21.2% (n=7) and Both 18.2% (n=6).

Space was provided after every question for patients to write comments related to each answer. Twenty-seven patients thought a leaflet helped them to retain and remember all the postoperative information provided and was helpful during recovery.

When asked why they chose the calendar/daily planner over the conventional leaflet, some of the comments were:

"Better layout"
"It was good to guide me by the day".
"Broken down, the information easier".
"Easy to follow".
"While I was recovering, I was able to look at the timetable, and it told me what to expect".
"The other one had more information, but the timetable was an easy way to remind me of things".
"It was easier to know what to do by the day".

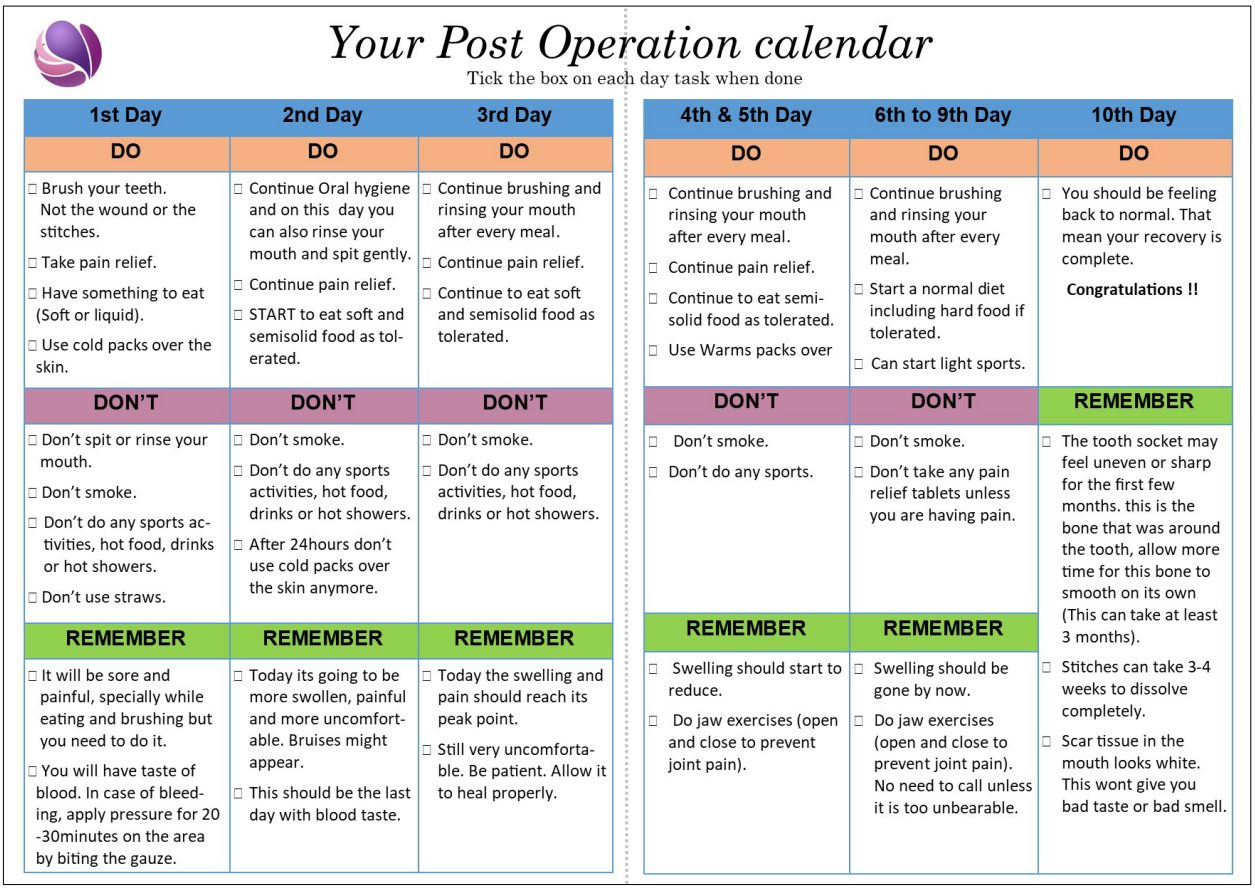
DISCUSSION

A textbook for students on extraction of teeth written by S.S. Hornor in 1851 recommends giving postoperative instructions following an oral surgery procedure, showing how important they are and how long they have been used. Although the book does not advocate the use of written information, it highlights the instructions and how the dentist should monitor the patient closely for the next 48 hours to ensure bleeding stops and pain is not increasing[7].

The earliest leaflet I found during this investigation was in the American Dental Association (ADA) Library & Archives. It is a 4-page booklet published in 1920 and distributed by the "Library Bureau" (former name of the ADA library), called "*Postoperative Instructions to Dental Patients*"[5]. It is divided into 4 sections that explain the importance of rest, oral hygiene, diet, whether to use heat or cold and what to do in case of emergency. It also requests patients to contact the dentist's office on the first or second postoperative day to report progress of recovery[5].

The next earliest pamphlet in the ADA Archives on this topic is called "*What to Do After Extraction of a Tooth*", dated 1957, and produced and distributed by the ADA Bureau of Dental Health Education. It is also a 4-page booklet that divides the information into 5 sections: rest, cold applications, bleeding, oral hygiene and diet[8].

Current leaflets are structured similarly to those from the olden days. Most leaflets available online from dental societies or professional organisations such as the British Association of Oral Surgeons (BAOS)



Your Post Operation calendar

Tick the box on each day task when done

1st Day	2nd Day	3rd Day	4th & 5th Day	6th to 9th Day	10th Day
DO	**DO**	**DO**	**DO**	**DO**	**DO**
☐ Brush your teeth. Not the wound or the stitches. ☐ Take pain relief. ☐ Have something to eat (Soft or liquid). ☐ Use cold packs over the skin.	☐ Continue Oral hygiene and on this day you can also rinse your mouth and spit gently. ☐ Continue pain relief. ☐ START to eat soft and semisolid food as tolerated.	☐ Continue brushing and rinsing your mouth after every meal. ☐ Continue pain relief. ☐ Continue to eat soft and semisolid food as tolerated.	☐ Continue brushing and rinsing your mouth after every meal. ☐ Continue pain relief. ☐ Continue to eat semi-solid food as tolerated. ☐ Use Warms packs over	☐ Continue brushing and rinsing your mouth after every meal. ☐ Start a normal diet including hard food if tolerated. ☐ Can start light sports.	☐ You should be feeling back to normal. That mean your recovery is complete. **Congratulations !!**
DON'T	**DON'T**	**DON'T**	**DON'T**	**DON'T**	**REMEMBER**
☐ Don't spit or rinse your mouth. ☐ Don't smoke. ☐ Don't do any sports activities, hot food, drinks or hot showers. ☐ Don't use straws.	☐ Don't smoke. ☐ Don't do any sports activities, hot food, drinks or hot showers. ☐ After 24hours don't use cold packs over the skin anymore.	☐ Don't smoke. ☐ Don't do any sports activities, hot food, drinks or hot showers.	☐ Don't smoke. ☐ Don't do any sports.	☐ Don't smoke. ☐ Don't take any pain relief tablets unless you are having pain.	☐ The tooth socket may feel uneven or sharp for the first few months. this is the bone that was around the tooth, allow more time for this bone to smooth on its own (This can take at least 3 months). ☐ Stitches can take 3-4 weeks to dissolve completely. ☐ Scar tissue in the mouth looks white. This wont give you bad taste or bad smell.
REMEMBER	**REMEMBER**	**REMEMBER**	**REMEMBER**	**REMEMBER**	
☐ It will be sore and painful, specially while eating and brushing but you need to do it. ☐ You will have taste of blood. In case of bleeding, apply pressure for 20 -30minutes on the area by biting the gauze.	☐ Today its going to be more swollen, painful and more uncomfortable. Bruises might appear. ☐ This should be the last day with blood taste.	☐ Today the swelling and pain should reach its peak point. ☐ Still very uncomfortable. Be patient. Allow it to heal properly.	☐ Swelling should start to reduce. ☐ Do jaw exercises (open and close to prevent joint pain).	☐ Swelling should be gone by now. ☐ Do jaw exercises (open and close to prevent joint pain). No need to call unless it is too unbearable.	

Fig. 4: Daily planner / Calendar leaflet added content after this investigation.

are similar, designed either as a 4-page booklet with 1- or 2-sided pages containing specific instructions and different items related to main topics as pain, bleeding, smoking, alcohol, emergency care, rest and oral hygiene[6]. The conventional leaflet used in this study has a similar structure.

Kim et al. (2020) assessed the quality of information in modern postoperative leaflets providing instructions for patients following minor oral surgery procedures. They concluded that most of them contained low-quality information lacking details of any risks or consequences if the instructions were not followed, and the impact of overall quality of life during recovery. Most of them do not include dates or cite the articles or sources that support their content. This is no surprise, as the text and the idea are almost 100 years old. Kim et al. suggest reformatting and improving the quality of the information provided to patients[9].

The new calendar/daily-planner was designed considering smart use of space, a single sheet of paper, direct simple instructions, and a different layout that would easily guide the patient through recovery[6,7,9]. With the purpose of complementing the information provided verbally, our leaflet follows design advice from authors such as Kessels, Akshaya and the GDC Guidelines, in direct, easy to understand language. Moreover, the calendar-style layout graphically guides patients through recovery. We did not include bibliographical references because we could not afford to sacrifice valuable space that could be used to provide more information to patients[6,7,9].

A non-published internal survey in our department confirmed that the most common reason for which patients contact our department is pain, followed by trismus and infections, with bleeding coming last. Based on these results, the calendar/daily planner design includes the usual advice following oral surgery but also emphasises pain management, oral hygiene and early chewing function to ensure faster recovery, a principle applied in AOCMF maxillofacial trauma[10].

Ravindra et al. (2012) highlight how efficacy within the British National Health Service is often achieved with simple, practical improvement to clinical practice, such as updating a preoperative leaflet into

simpler, more direct design and language, ensuring preoperative patient compliance for sedation[11]. Our own experience has confirmed that at least 34.4% of the patients that had problems during recovery were able to find a way to solve them, while 3.1% of the patients reported the same for the conventional design. Based on the free text feedback from patients and the phone call made after implementation of these new leaflets, a new daily planner was prepared containing additional information (Fig. 4).

CONCLUSION

The results of our study suggest that in practice, patients prefer shorter, more concise, more basic language leaflets that provide easy reading and simple instructions to follow each day during their recovery, reducing the chances of needing to contact the Hospital.

ACKNOWLEDGMENTS

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CONFLICT OF INTERESTS

The authors declare no potential conflicts of interest regarding the research, authorship, and/or publication of this article.

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